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ABSTRACT

The purpose of this paper is to present the reader with an indepth study of the special plight of children currently confined in our nation's residential treatment centers. Several of the fundamental legal issues involved in the coercive commitment of minors to such institutions will be discussed, especially those concerning due process and informed consent. The article will also discuss the parallels between the goals, philosophy and techniques of the classical care. Special attention will be given to the three major components of the process of brainwashing as they apply to this particular therapeutic setting, namely, (1) emotional arousal, (2) milieu control, and (3) the confession. In addition, specific recommendations for the greatly needed renovation of the residential treatment process will be set forth. (Author)

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BRAINWASHING AND PSYCHOTHERAPY:

THE CARE OF CHILDREN IN RESIDENTIAL TREATMENT CENTERS

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Brainwashing is a relatively new concept in the scientific dictionary. It was first introduced in 1951 by Edward Hunter, an American journalist, as a translation of the colloquialism *hsiano*, literally "wash brain." While the concept "brainwashing" was used originally to describe the specific indoctrination technique used by the Chinese, very soon after its introduction the concept was applied to a wide variety of indoctrination techniques in other countries, to past phenomena such as witch trials and religious revivals, and more recently to hypnosis, psychotherapy, mass communication media, advertising and education; in short, to almost every form of human influence. Meerloo (1956), for example, states ". . . there is scarcely any hiding place from the constant visual and verbal assault on the mind . . . general mental coercion may belong to every human interaction. . . ."

Contrasting mythologies have evolved about brainwashing. On the one hand, brainwashing has been thought of as a "mysterious device," an all-powerful, irresistible, magical method of achieving total control over the human mind. On the other hand, it has been seen as the result of the fantasy of sensation-seeking journalists. Almost every field of psychology has been explored in an attempt to explain brainwashing, resulting in a proliferation of contradictory explanations, primarily due to the variety of operational definitions utilized in these empirical studies.

The confusion in the literature on brainwashing caused Lifton (1961) to conclude ". . . the term has a far from precise, and therefore questionable usefulness . . ." Indeed, since the early 1960's very little has been written on the topic in the serious scientific literature, and whatever has been

written was directed toward a more popular audience. It would seem that through the intensive use and overuse of the concept, it has been emptied of its value.

In this discussion a strict definition of brainwashing which includes the main elements of the process and its major techniques will be used. Brainwashing can thus be seen as having two basic elements: confession, or the exposure and renunciation of past and present "evil"; and re-education, or the remaking of a person. These two elements bring into play a series of pressures and appeals -- intellectual, emotional and physical -- aimed at social control and individual change (Lifton, 1961). The pressures applied in brainwashing can be grouped into three major components/techniques: *(1)* emotional arousal, *(2)* total milieu control, and *(3)* interrogation and confession (Frank, 1961). Given this conceptual framework let us now turn to a more pragmatic comparison between the experiences of children in residential treatment centers and classical brainwashing processes.

At first glance, it seems that psychotherapy and brainwashing are very different. Psychotherapy is thought to be a form of treatment; brainwashing a method of indoctrination. Psychotherapy attempts to help people in distress; brainwashing creates distress. And finally within the therapeutic relationship, psychotherapist and patient usually adhere to the same world view, while those of brainwasher and prisoner are opposed in essential respects. Yet these apparently substantial differences rapidly vanish if taken out of the traditional realm of treatment offered on a voluntary basis and into the area of involuntary or coercive treatment. It is in this therapeutic setting that the similarities between brainwashing and psychotherapy are

tremendous; especially when one considers children hospitalized against their will in residential treatment centers.

As in brainwashing, the goal of the therapists and staff in residential treatment centers for children is to modify the assumptive world of the child and to help the child become a better and more effective member of the society. To accomplish this aim both brainwasher and therapist utilize similar methods to facilitate a lasting attitude change, methods that can be grouped around the three major components of the brainwashing process.

(1, Emotional Arousal. Involuntary psychotherapy and brainwashing both utilize excessive emotional arousal as a means of disorganizing present world views and facilitating attitude change. The psychological treatment employed in residential treatment centers for children is rather similar to that of brainwashing. To begin with, the process of intake into the treatment center is as unsettling emotionally to the child as that of the arrest process is in brainwashing (Goffman, 1961; (Bettelheim, 1961, 1971). Even before this traumatic experience occurs, the child is said to sense that something bad is going to happen and views arrival with the worst of expectations. Like the prisoner, the child is suddenly placed among strangers in an unfamiliar and threatening environment. The child is anxious, disorganized, frightened and devoid of the usual social support networks and feelings of personal identity and self-worth. Later, during the actual modification process, emotional distress is inevitable. The child's internal conflicts are discussed and pressure is utilized to bring out repressed material. Like the prisoner undergoing brainwashing, the child becomes confused, desperate, and hungry for human contact. In addition to experiencing despair, frustration, and rage, and child also feels small, weak and helpless --

effects which are true for the adult prisoner undergoing brainwashing, but they are even more powerful for a child in this situation. Like the prisoner, the child is forced to regress to a state of dependency, to accept and utilize the attitudes of the staff, and to develop a new identity. Only if the child complies completely to the demands of the therapist and the staff, acquires the right attitudes and behaves appropriately, does he or she stand any chance to stop suffering, to resolve the inherent conflict, and ultimately to be released.

(2) *Milieu Control*. When committed to a residential treatment center, the child like the brainwashing prisoner, is placed behind locked doors and loses all personal freedom. The child is isolated as completely as possible from normal social contacts and segregated from all social support of the old world view. Visiting hours are limited and there is censorship on all mail. This total milieu control is also manifested in the child's perception of the therapists and staff. And since only the staff is thought to know what is best for the child, the child's compliance is the only way out of the residential treatment center. Since the goal is lasting attitude and corresponding behavioral change, children, like prisoners undergoing brainwashing, are usually forced to stay in the center for long periods of time, often years, under the impact of the therapeutic philosophy and techniques before they are considered "rehabilitated".

Similar to most prisoners undergoing brainwashing, the child is often in the presence of other children, all more advanced in their therapy, and thus eager to prove it by helping to reform others. As such they are quite instrumental, via different forms of peer pressure, in conveying the center's

philosophy. From their first day in the center until their release, children undergoing such treatment are forced to endure total milieu control in the full sense of the word. There is twenty-four hour institutional supervision and observation of each child by both staff members peers, and roommates. Thus, these children, like their prisoner counterparts, develop a tremendous sense of loneliness due to their strict segregation from the outside world and a lack of trust for their peers whom they rightfully perceive as teaming with the staff. Perhaps one of the strongest psychological weapons used by the staff in both brainwashing and involuntary psychotherapy is the indeterminancy of the process (Coleman, 1974). It is this indeterminancy that is a major cause of the child and the prisoner's sense of hopelessness, helplessness and entrapment. For it should be clear that the child and the prisoner live under the supervision of staff members who have total and unchecked power over the term of their confinement.

(3) Confession. Like brainwashing, therapy in residential treatment centers for children, focusses on an open-ended detailed review of the child's life history with special emphasis put on guilt-arousing episodes. The "confession" is in this way obtained through the prolonged , intense relationship between the therapist and the child. Those occasions in which the child has fallen short of the behavior required by the therapist's world view are continually repeated as a means of mobilizing guilt. It is thought that only through this prolonged "confession" process can such children detach themselves from their former modes of behavior and facilitate their acceptance as full-fledged members of society. However, it should be clear that regardless of the short-term successes of such a process, the long-term goals for both therapy and brainwashing, namely the successful

modification of personality, requires that the "reformed" remain in the therapeutic milieu. If the individual leaves this setting, most of the brainwashing literature, as well as the recidivism statistics of juveniles in treatment centers, will predict that in time there will be a return to former attitudes, personality, behavior, and life style.

In addition to the similarities between the involuntary treatment of children in residential treatment centers and the classical brainwashing process, one cannot ignore the blatant abuse of individual and legal rights which have been allowed to continue under the present system.

The rationale for state intervention in such individual affiars is that the state has a right and a duty to help and protect those who cannot help themselves known as the doctrine of parens patriae and cast in the mold of the medical model. The state has historically intervened seeking not to punish but to change or socialize the nonconformist through treatment and therapy (Kittrie, 1971). If treatment is to justify either civil intervention in the absence of criminal conviction or vastly broadened discretionary power within the criminal sanction, a clear understanding of the concept of treatment is crucial.

The most compelling distinction between bona fide treatment and parens patriae treatment is the element of volition. Without consent, what would by all medical standards be considered treatment becomes unlawful activity (*Cobbs v. Grant*, 1972; *Berkey v. Anderson*, 1969). Thus, the psychiatry practiced as parens patriae intervention upon patients who do not consent to it cannot qualify as bona fide treatment. The careless acceptance of these interventions as treatment has led not only to the waiving of due process guarantees, but also to nonrecognition of the punitive quality of all parens

patriae controls (Coleman & Solomon, 1976a,b; Opton, 1974; Fox, 1974).

Clearly, benevolent intent can no longer be an acceptable justification for the wholesale denial of due process for either adults or children. Thus regardless of the manner in which it occurs or the intent with which it is done, forcing something on someone represents a loss of freedom of choice and frequently results in pain and suffering. In addition parens patriae treatment involves not only the physical pain and suffering that may result from particular forced interventions, but also the psychological pain and suffering that may result from disculturation, isolation, dehumanization, and loss of freedom, all direct consequences of the intervention itself (Goffman, 1961; Scheff, 1966). Adding that this pain, suffering, loss or disability is sanctioned by law and is justified by action or omission on the part of the subject, it becomes evident that parens patriae treatment is a semantic fiction and that no valid distinction exists between parens patriae treatment and legal punishment (Coleman & Solomon, 1976a,b).

There appears, at last, to be developing a recognition that institutional placement is frought with danger for the child's future development. It is to be hoped that such skepticism will continue to deepen, as we gradually recognize the fundamental problems inherent in our past efforts to "help" children by incarcerating them in such centers. There will remain, nonetheless, certain limited situations in which a residential facility will be judged the only alternative. Thus, one option for ending the abuses of brainwashing in children's treatment centers, i.e., the complete abandonment of such facilities, seems unrealistic. In such cases, however, there exists another alternative, one which preserves the opportunity for meaningful

psychiatric treatment in residential facilities, while protecting the child from the degradations of brainwashing. Reformers concerned with adult prisons are finally coming to recognize the evils of indeterminant sentencing. Originally rationalized as a tool of "rehabilitation," it is now increasingly seen as leading to inevitable abuses of the wide discretionary power inherent in the "medical" or "individual treatment" model of sentencing. Recent changes in California law will outlaw the practice of indeterminant sentencing of its adult prisoners in the summer of 1977 (Senate Bill #42). This recognition has yet to penetrate the thinking, must less the practice, of the Juvenile Court. It is, nonetheless, the beginning of the solution to the abuses of therapy in children's treatment facilities. Children sent to such places should be considered under sentence, since they are prisoners there and since this decision resulted from prior behavior felt to be incompatible with continued residence in the community. Were we to give the child a fixed sentence, immense benefits would follow, not the least of which would be the opportunity for real therapy, rather than brainwashing-disguised-as-therapy, to take place.

This reversal of traditional juvenile court philosophy would convey the immediate benefit of making the children feel like they were being treated honestly. They have always known their incarceration was punishment, and our denial of this basic truth has only led to their further alienation. In addition, the granting to the child of a fixed release date goes to the heart of the control exercised in brainwashing, namely, the staff's power to withhold release until the appropriate responses are forthcoming from the child. Release date being determined by the seriousness of the child's past behavior, rather than the response to treatment, the child would then

have an immensely enhanced feeling of justice and power, rather than capriciousness and helplessness.

The staff would, of course, be in a position of authority with regard to the child's behavior vis-à-vis rules and regulations, but they would be stripped of the power to determine, on the basis of "attitude", "insight", or "improvement", the length of incarceration. This would be a blessing for both children and staff, freeing the staff to offer real therapy and the children to use therapy when they see fit. Because the staff would no longer have the awesome power to determine release date, they would cease being brainwashers. Children spontaneously involving themselves in a therapeutic relationship would gain the autonomy and dignity resulting from a dialogue, rather than suffering the fragmentation and humiliation of forced confessions.

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